


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 A
Secretary of State

DOCUMENT # V20220		
1. Entry Name TRYUMPH MANAGEMENT CORPORATION		
Principal Place of Business 248 WASHINGTON AVENUE A MIAMI BEACH, FL 33139 US	Mailing Address 248 WASHINGTON AVENUE A MIAMI, FL 33178 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CURRAN, ROBERT 248 WASHINGTON AVE A MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRAN, ROBERT 248 WASHINGTON AVE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Robert Curran</i></u> D		Date: <u>4/16/06</u> Daytime Phone #: <u>305-532-9288</u>



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0328064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80120-007 150.00

**DO NOT WRITE
IN THIS SPACE**